



Portsmouth/Paducah Project Office

Site Action Plan

February 2006

Commitment 25, Feedback and Improvement

DNSFB Recommendation 2004-1

A handwritten signature in black ink, appearing to read "W. Murphie", is written over a horizontal line.

**Approved, William Murphie, Manager
Portsmouth/Paducah Project Office**

Note: Change Control for this Site Action Plan (SAP) resides with the PPPO Manager, with a cc to EM-3.2.

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Executive Summary

The Department of Energy (DOE) Chief Operating Officer for Environmental Management (EM) requested via memorandum, dated November 17, 2005 that EM sites take specific actions to address the Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, Commitment 25. These actions are in support of the DOE Under Secretary for Energy, Science and Environment memorandum, dated November 9, 2005, that establishes the path forward for meeting Commitment 25 of the DOE Implementation Plan for DNFSB 2004-1, *Oversight of Complex, High Hazard Nuclear Operations*.

This action plan documents the results of a self-assessment conducted as an on-site review of field element performance. The Portsmouth Paducah Project Office (PPPO) conducted a review of the Criteria and Review Approach Documents (CRADs) provided.

The PPPO has demonstrated partial compliance with the feedback and improvement oversight performance objective. This action plan incorporates report results from assessments conducted for feedback and improvement oversight at the Portsmouth and Paducah sites during calendar year 2005. PPPO procedures are common to both the Portsmouth and Paducah sites. PPPO oversight activities include scheduled assessments, periodic surveillances, walk-throughs, readiness reviews and Implementation Validation Reviews (IVRs) conducted at one/or both sites. Limited site assessment activities were also conducted in December to provide additional self-assessment information to address the performance objective.

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Overall Evaluation Summary

The following table provides the results of this assessment.

Commitment 25 Criteria and Review Approach Document	Feedback & Improvement - 1	Feedback & Improvement - 2	Feedback & Improvement - 3
DOE PPPO			Partially Met (5 Opportunities for Improvement (OFI's))
Uranium Disposition Services, LLC	Partially Met (2 OFI's)	Partially Met (4 OFI's)	
LATA/Parallax Portsmouth, LLC	Met	Partially Met (4 OFI's)	
Theta Pro2Serve Management Company, LLC	Partially Met (3 OFI's)	Partially Met (See OFI's for F&I -1)	
Bechtel Jacobs Company	Met (1 OFI)	Met	
Swift and Staley Mechanical Contractors, Inc.	Partially Met (1 OFI)	Partially Met (5 OFI's)	

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Section I – DOE Oversight

Performance Objective F&I-1: Contractor Program Documentation

No opportunities for improvement noted at this time.

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time.

Performance Objective F&I-3: DOE Line Management Oversight

Opportunity for Improvement #1

Update and complete PPPO oversight procedures and plans.

DOE Action	Deliverable	Due Date	Owner / Org
Complete the preparation and implementation of the oversight plans and procedures associated with the PPPO contracts.	Update and issue Federal Employee Occupational Safety & Health Plan.	03/31/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Review, update and issue the Corrective Action Closure Program procedures.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Review, update and issue the Independent Assessment Program procedures.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Issue PPPO Oversight Plan.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO

Responsible Manager: Rachel Blumenfeld

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Opportunity for Improvement #2:

Provide training, unless exempted by previous experience and knowledge, to PPPO staff designated to conduct work planning and work control oversight. Training should include surveillance/assessment techniques and the methods for documenting surveillance/assessment results.

DOE Action	Deliverable	Due Date	Owner / Org
Conduct training activities to strengthen the current PPPO resources and increase the site oversight capabilities of the contractors' work activities.	Provide training on surveillance/assessment techniques and the methods for documenting surveillance/assessment results.	5/31/06	L. Maghrak/ PPPO J. Saluke/ PPPO

Responsible Manager: Rachel Blumenfeld

Opportunity for Improvement #3:

Prepare and implement oversight schedules based on hazards, risks and available resources.

DOE Action	Deliverable	Due Date	Owner / Org
Develop integrated oversight schedules based for the Paducah and Portsmouth sites. Include oversight of ISMS elements, such as work planning, work control and feedback and improvement management systems.	Prepare and implement an integrated assessment schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO
	Prepare and implement an integrated surveillance schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO
	Prepare and implement a management walkthrough schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO

Responsible Manager: Rachel Blumenfeld

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Opportunity for Improvement #4:

Clarify PPPO staff roles and responsibilities to conduct oversight of all stages of the Contractors' work planning and work control process on a routine basis.

DOE Action	Deliverable	Due Date	Owner / Org
Revise existing PPPO requirements to clearly identify PPPO staff oversight roles and responsibilities for work planning and work control processes.	Revise PPPO Management Plan	5/31/06	D. Kozlowski/ PPPO R. Underwood/ PPPO

Responsible Manager: Rachel Blumenfeld

Opportunity for Improvement #5:

Establish routine performance communication within PPPO and to contractors.

DOE Action	Deliverable	Due Date	Owner / Org
Develop tools for routinely communicating performance results internally within PPPO and externally to the contractors.	Establish performance metrics information to be collected by contractors.	03/31/06	D. Kozlowski/ PPPO
	Implement periodic reporting of operational performance information to PPPO management and site contractors.	03/31/06	D. Kozlowski/ PPPO

Responsible Manager: Rachel Blumenfeld

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Section II – UDS

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1:

Some implementing plans and procedures need to be revised based on recent contract changes.

UDS Action	Deliverable	Due Date	Owner/Org.
Review plans and procedures for compliance with revised DOE contract	Initiate action item reports in internal tracking system for identified deficiencies	2/28/06	Jim Brackett, QA Manager Don Parker, ES&H/SM Doug Adkisson
Revise implementing procedures based on review	Revised procedures issued	3/31/06	Jim Brackett, QA Manager Don Parker, ES&H/SM Doug Adkisson

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #2:

Some Departments have been inconsistent in meeting requirements of the management assessment procedure.

UDS Action	Deliverable	Due Date	Owner/Org.
Clarify expectations of managers to comply with management assessment	Letter from Project Manager to managers identified in the management assessment procedure instructing them: A. to re-read management assessment procedure and provide documentation completion of reading; B. to perform at least two management assessments each year; C. to identify the topic and dates that their management assessments are to be conducted.	01/16/06	Tim Forden, PM
	Planned management assessments input shall be provided to QA Manager by managers for developing Integrated	01/30/06	Jim Brackett, QA Manager

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UDS Action	Deliverable	Due Date	Owner/Org.
	Management Assessment Schedule.		
	Integrated Management Assessment Schedule issued	02/03/06	Jim Brackett, QA Manager
	Updated Integrated Management Assessment Schedule issued on the first working day of each month.	03/01/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1:

Trending program has not been implemented. Trend codes are not being assigned in the condition reporting system.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Trending Program Procedure	Issue revised Trend Analysis procedure	03/01/06	Jim Brackett, QA Manager
	Conduct training on revised procedure	03/01/06	Jim Brackett, QA Manager
	Review all condition reports and assign trend codes where missing	03/01/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #2:

Lessons learned program has not been fully implemented. Data is not being entered into the DOE lessons learned system and data from the system is not being utilized.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Lessons Learned Procedure	Issue revised procedure	06/30/06	Jim Brackett, QA Manager
	Commence entering lessons learned into DOE database	06/30/06	Jim Brackett, QA Manager

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UDS Action	Deliverable	Due Date	Owner/Org.
	Commence dissemination of lessons learned from DOE database	06/30/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #3:

Occurrence Notification and Reporting procedure revision that incorporates latest DOE order changes is currently being revised.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Occurrence Reporting and Notification Procedure	Issue revised procedure	1/31/06	Josie Blackmon, Compliance Officer
	Conduct training of appropriate personnel	1/31/06	Josie Blackmon, Compliance Officer

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #4:

Condition Report resolution and closure is not as aggressive as it should be.

UDS Action	Deliverable	Due Date	Owner/Org.
Improve compliance to condition reporting procedure	Revise UDS-QAP-005, Condition Reporting, to include description of periodic condition report status reporting to UDS management and DOE.	2/16/06	Jim Brackett, Quality Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Performance Objective F&I-3: DOE Line Management Oversight

No opportunities for improvement noted at this time.

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Section III – LPP

Performance Objective F&I-1: Contractor Program Documentation

No opportunities for improvement noted at this time.

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

LPP should institute a better reporting system for how feedback is implemented into work packages and job tasks.

LPP Action	Deliverable	Due Date	Owner / Org
Revise LPP-PO-1001 to incorporate the appropriate criteria from LPP-0043, <i>Work Control Improvement Plan</i>	LPP-PO-1001 <i>Work Control Process</i>	3/13/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #2

LPP should make better use of the work control software for feedback tracking.

LPP Action	Deliverable	Due Date	Owner /Org
Evaluate SOMAX software for use in tracking feedback.	Correspondence documenting the determination of the adequacy of SOMAX to track feedback and the path forward.	4/01/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #3

LPP needs to develop a system to encourage the initiation of positive lessons learned.

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LPP Action	Deliverable	Due Date	Owner /Org
Revise LPP-PO-1001 to incorporate the appropriate criteria from LPP-0043, <i>Work Control Improvement Plan</i> .	LPP-PO-1001 <i>Work Control Process</i>	3/13/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #4

LPP needs to develop a web site that includes access to site specific performance metrics based on feedback for continuous improvement.

LPP Action	Deliverable	Due Date	Owner /Org
Develop an Intranet Web Site For LATA/Parallax that utilizes Microsoft SharePoint Portal	Develop the Intranet Web Site for use by LPP Users	02/06/2006	Jeff Pinkerton Public Affairs & IT

Responsible Manager: Ken Sheldon, IT Manager

Performance Objective F&I-3: DOE Line Management Oversight

No opportunities for improvement noted at this time.

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Section IV – TPMC

Performance Objective F&I-1: Contractor Program Documentation and Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

Performance documents were coversheeted from the previous Contractor and have not been revised to be fully integrated into the TPMC system to accurately reflect organization roles and other administrative differences.

TPMC Action	Deliverable	Due Date	Owner/Organization
Managers prioritize (0, 1, 2 and 3, with 1 as the highest priority) assigned performance documents for revision, and provide lists to Procedure Manager.	Prioritized lists of assigned performance documents.	January 16, 2006	Managers (collectively under Buck Sheward, President)
Procedure Manager combine Manager prioritized lists into one list.	Combined prioritized list of performance documents.	January 23, 2006	Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Procedure Manager meet with Managers to develop Performance Documents Work-Off Plan to revise prioritized performance documents [Priority 1 and 2, including those needed to implement the Integrated Safety Management System (ISMS), by June 30, 2006, and Priority 3 by December 31, 2006].	Performance Documents Work-Off Plan	February 15, 2006	Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Quality Assurance (QA) Specialist enter rolling 30-day look-ahead action assignments to implement the Performance Documents Work-Off Plan into the Commitment Tracking System (Tracker) for closure tracking.	Tracker 30-day look-ahead Performance Documents Work-Off Plan action assignments.	February 20, 2006	Cathy Forshey, QA Specialist, Environmental, Safety, Health and Quality

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TPMC Action	Deliverable	Due Date	Owner/Organization
Complete Priority 1 and 2 performance document revisions.	Tracker action assignments closure documentation.	June 30, 2006	Managers (collectively under Buck Sheward, President), and Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Complete Priority 3 performance document revisions.	Tracker action assignments closure documentation.	December 31, 2006	Managers (collectively under Buck Sheward, President), and Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

Opportunity for Improvement #2

The Oversight Plan is in "Draft" completion and will be issued by January 2006.

TPMC Action	Deliverable	Due Date	Owner/Organization
QA Program Lead issue Oversight Plan	Oversight Plan	January 31, 2006	Dan Longpre, QA Program Lead, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

Opportunity for Improvement #3

The QA Trending Program is in development and will periodically (expected Quarterly, beginning March 2006) compile selected assurance data into a summary report for review by management and DOE to help in focusing on improvement areas, where needed.

TPMC Action	Deliverable	Due Date	Owner/Organization
QA Program Lead meet with Managers and DOE to identify trending criteria.	Memo to file of list of Trending Criteria	February 3, 2006	Dan Longpre, QA Program Lead, Environmental,

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TPMC Action	Deliverable	Due Date	Owner/Organization
			Safety, Health and Quality
QA Program Lead meet with Information Technology (IT) Programmer and QA Specialist to develop Trending System Plan.	Trending System Plan	February 20, 2006	Dan Longpre, QA Program Lead, Environmental, Safety, Health and Quality
IT Programmer work with QA Specialist to complete Trending System Plan, and enter trending data into database, as appropriate.	Tracker action assignments closure documentation.	April 3, 2006	Tim Burton, Computing and Telecommunications Manager
QA Specialist work with IT Programmer to generate first Quarterly Trending Report	Trending Report	April 17, 2006	Cathy Forshey, QA Specialist, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

Performance Objective F&I-3: DOE Line Management Oversight

No opportunities for improvement noted at this time

Section V – BJC

(NOTE: BJC is transitioning out as the Remediation Contractor for the Paducah Site. PRS will assume responsibility on April 24, 2006)

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1

The Quality Assurance Program Plan (QAPP) has not been submitted for DOE for 2006.

BJC Action	Deliverable	Due Date	Owner/Organization
Submit QAPP to DOE for annual approval	QAPP and Implementing Flowdown Matrix	January 31, 2006	D. L. Chumbler Quality Assurance

Responsible Manager: D. L. Chumbler, Quality Assurance

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time

Performance Objective F&I-3: DOE Line Management Oversight

No opportunities for improvement noted at this time

Section VI – SST

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1

Minor deficiencies noted during daily oversight of work activities by the safety organization are not reported. There is no data collection system for the minor deficiencies. The Safety Department monitors and reinforces expected performance and corrects minor deficiencies as they occur, yet these problem areas are not recorded for trends or recurrence. The ES&H Manager will review this Observation and determine if corrective actions are required

SST Action	Deliverable	Due Date	Owner / Org
ES&H Manager to evaluate this apparent underreporting of minor safety deficiencies and take appropriate action.	SST to develop a method of documenting and tracking minor safety deficiencies.	02/28/06	J. McVey, SST
	If documentation and tracking of minor safety deficiencies are determined to be not necessary, SST to provide justification to the local DOE office.	02/28/06	J. McVey, SST

Responsible Manager: J. McVey, SST

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

Because of the nature of SST's workforce, none of the assessments have been conducted by work performers. All assessments have been completed by members of SST management team. This practice excludes a very knowledgeable portion of the workforce from making a contribution to the feedback and improvement process.

SST Action	Deliverable	Due Date	Owner / Org
SST should discuss possible assessment	Results of the SST/PACE discussions regarding participation	02/28/06	T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
program participation with PACE Union leadership.	in the assessment program will be communicated to the local DOE office.		

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #2

The Swift & Staley Integrated Assessment Plan (issued 10/4/05) identified five performance indicators to be developed. To date, none of these performance indicators have been established.

SST Action	Deliverable	Due Date	Owner /Org
Develop the following Performance Indicators: <ul style="list-style-type: none"> • Gold Chart Performance Metrics • ALARA Metrics • Personal Injury/Accident TRC Rates • Labor Costs • Epidemiological Analysis – OSH Studies 	SST to establish the Performance Indicators specified in the Integrated Assessment Plan. For those PIs not developed per the Integrated Assessment Plan, prepare a basis document detailing reasons for non-implementation.	02/28/06 02/28/06	S. Polston, SST T. Stanberry, SST

Responsible Manager: S. Polston, SST

Opportunity for Improvement #3

SST's current performance indicator activity has not been finalized. Five customers were selected for the Customer Grade Card pilot, but only two responded. Continued effort or a different approach is required by SST to enlist the cooperation of the customer base when the Grade Card goes active.

SST Action	Deliverable	Due Date	Owner / Org
Place the customer grade card performance measure into protection.	SST to develop and implement a revised marketing strategy. Results from the initial response will be published as a	02/28/06 04/30/06	S. Polston, SST T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
	performance indicator.		

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #4

There have been at least two product alerts or recalls received by SST in the past month. The Corrective Action Tracking System (CATS) was not utilized in either of these cases to identify, assign, track and close actions associated with the alert or recall. The CATS database preliminary version was completed in November and has not entered full service as of this date.

SST Action	Deliverable	Due Date	Owner / Org
Complete the Corrective Action Tracking System and utilize this system for corrective actions, safety alerts, lessons learned, etc.	SST to complete testing of the CATS database and place in service.	01/31/06	T. Stanberry, SST
	Input previous assessment findings, safety alerts and applicable lessons learned into CATS.	01/31/06	T. Stanberry, SST
	Input assessment observations into CATS.	02/28/06	T. Stanberry, SST

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #5

Several lessons learned from external sources (e.g., Bechtel Jacobs Corp, WGI) have been received and investigated. However, the mechanism for lessons learned needs to be better defined. SST will develop a lessons learned method that encompasses internal as well as external sources and provides closure documentation.

SST Action	Deliverable	Due Date	Owner / Org
Develop and publish a lessons learned procedure that includes internal and	SST to develop and issue a lessons learned procedure.	04/30/06	T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
external sources.			

Responsible Manager: T. Stanberry, SST

Performance Objective F&I-3: DOE Line Management Oversight

No opportunities for improvement noted at this time.

Feedback & Improvement Good Practices

Although good practices were identified by DOE and the Contractors, these good practices lacked adequate justification or specificity to be included. DOE will identify future good practices as part of our oversight program.